



February 22, 2010

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Ticket to Hope

Ticket of Hope is a program managed through the lowa Department of Human Services that provides free mental health counseling to lowans affected by the 2008 natural disasters. Services are available through June 30, 2010.

Who can take advantage of Ticket to Hope?

The program is available to any individual or family who meets the following criteria:

- Any individual who reports that mental health or co-occurring mental health and substance abuse disorder counseling sessions are needed in part due to the impact of the 2008 disasters.
- An individual, who lacks health insurance, has no mental health benefits or has maximized their mental health plan benefits.

What will Ticket to Hope provide?

- Up to eight 45-50 minute counseling sessions with an approved provider.
- There is no cost to you or your family for these sessions.
- You may choose a mental health provider from a list of participating providers or you may ask that another provider join the program.

How can you participate in Ticket to Hope?

Contact the Iowa Concern Hotline at 1-800-447-1985. If you quality, hotline personnel will send you the following information: a cover letter, participating provider list, an authorization form that expires within 30 days, an invoice, demographic form and participant survey.

Take the authorization, invoice and demographic forms to a provider who will complete and send them to the lowa Concern Hotline. You will need to fill out a participant survey after each visit and send the completed form, in the return envelope, to the hotline. Each participant will receive eight authorization forms.

For more information, contact the Iowa Concern Hotline at 1-800-447-1985, or visit the Ticket to Hope Web site at www.tickettohope.org. A *Ticket to Hope Participant Fact Sheet* can be downloaded on page 6 of **The UPdate**.

2010 Iowa Governor's Conference on Public Health

The planning committee for the 2010 Iowa Governor's Conference on Public Health is pleased to announce that registration is now open. The committee has created a program that offers professional development opportunities in various public health disciplines along with statewide association meetings, academic poster presentations, special opportunities for students and hundreds of networking opportunities.

In addition, the committee would like your help! The committee is collecting electronic photos of Iowa public health in action to create a Celebration of Public Health to be presented at the conference. Please e-mail pictures with a short caption to Sara Patkin at mspatkin@yahoo.com and plan to join us to Celebrate Public Health in April.

The 2010 Iowa Governor's Conference on Public Health registration brochure can be downloaded from pages 7-30 of **The UPdate**.

Iowa Training Project for Child Care Nurse Consultants Training 2010

Spring 2010 March 29 - June 10, 2010

The spring course of the Iowa Training Project for Child Care Nurse Consultants is scheduled for March 29 – June 10, 2010. The first 10 weeks will be distance learning-combination of ICN, online, teleconference, etc.- followed by face-to-face training in West Des Moines, IA June 7-10th.

The Bureau of Family Health greatly appreciated the feedback we received from child health agencies regarding the timing of the course. We used the information we received from child health agencies, fall course evaluations, and instructor schedules in choosing these dates.

The spring registration brochure can be downloaded from pages 31-32 of **The UPdate**. Please assure you include the attachment when forwarding. Registration deadline is March 10, 2010.

Nurses who applied to the winter course **do not** need to complete a new application but should let Analisa Pearson know that they are still interested in enrolling. Please feel free to forward this information.

For additional information, contact Analisa Pearson at apearson@idph.state.ia.us.

Report Ranks U.S. Counties by Health Care

U.S. researchers have ranked health care for almost every county in the U.S. for the first time in a report released by the Robert Wood Johnson Foundation and the University of Wisconsin. Healthier counties tend to be urban and suburban, while 84 percent of the 50 least-healthy counties are rural, the data.

Get more information and find health rankings by county at www.countyhealthrankings.org.

Administration/Program Management

Community Health Needs Assessment Process to Begin - Opportunity for MCH and Family Planning Agencies to Provide Input

Every five years, local boards of health lead a community-wide discussion with stakeholders about their community's health needs and what can be done about them. This activity is so important to what we do in public health, it is outlined in both the Iowa Public Health Standards and the Local Public Health Services contract performance measures. Consistent reports for all of Iowa will allow for a solid profile of the health needs of the state and local communities and be used for the department's state assessment and health government plan. In addition, the reports submitted will provide guidance on resource needs to successfully address health priorities for local communities.

Approximately one year from today, local public health partners from each of Iowa's 99 counties will be submitting the results of these discussions in a report known as the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP). Last week, all counties should have received two CDs with materials to assist in preparing the CHNA & HIP report. These materials, along with additional county-specific data and resources, are posted at www.idph.state.ia.us/chnahip. To participate in conducting the needs assessment and creating a health plan for your community, please contact your local health department.

2010 Poverty Guidelines Will Not Be Revised Until at Least March 1, 2010.

According to the Department of Health and Human Services (HHS) Web site, the 2009 Poverty Guidelines will remain in effect until at least March 1, 2010.

The reason for the freeze is that for the first time since the poverty guidelines were issues in 1965, the annual average Consumer Price Index has decreased from the previous year. If the 2009 guidelines weren't frozen, the HHS would have had to issue 2010 poverty guidelines that were lower than the 2009 poverty guidelines.

To learn more, go to http://aspe.hhs.gov/POVERTY/09extension.shtml.

Congratulations Allen Women's Health Center!

The Bureau of Family Health would like to congratulate Allen Women's Health Center! Allen Women's Health Center was selected by the Waterloo Human Rights Commission to receive the Annual Private Sector award for this year for their work with low-income families, adolescents and the male population. The commission was also impressed with their Web site, which can be viewed at www.allenwomenshealth.org.

Way to go AWH!

Calendar

March 30, 2010 WIC Breastfeeding Workshop 8:30 a.m. - 4 p.m., DMACC, 2006 S. Ankeny Blvd., Ankeny

April 13-14, 2010 lowa Governor's Conference on Public Health Scheman Conference Center, Ames

MARCH Contract Required Due Dates

10 - Due: CCNC Encounter

Data

15 - Due: GAX & Expenditure Report

28 - Export WHIS Records to IDPH



Bureau of Family Health: 1-800-383-3826

Teen Line: 1-800-443-8336

Healthy Families Line: 1-800-369-2229

FAX: 515-242-6013

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Area code is 515



Ticket to Hope Participant Fact Sheet

What is the Ticket to Hope Program?

A program offering free mental health counseling to lowans affected by the 2008 natural disasters.

Who Can Take Advantage of Ticket to Hope?

The program is available to any individual or family who meets the following criteria:

- An individual who reports that mental health or co-occurring mental health and substance abuse disorder counseling sessions are needed in part due to the impact of the 2008 disasters.
- 2. An individual, who lacks health insurance, has no mental health benefits or has maximized their mental health plan benefits.

What Will Ticket to Hope Provide?

- 1. Up to **eight 45-50 minute counseling sessions** with an approved provider.
- 2. There is no cost to you or your family for these sessions.
- 3. You may choose a mental health provider from a list of participating providers or you may ask that another provider join the program.
- 4. Ticket to Hope lasts until June 30, 2010.

How Can I Participate?

Contact the Iowa Concern Hotline at the number listed below. If you qualify, Hotline personnel will send you the following information: a cover letter, participating provider list, an Authorization form that expires within **30 days**, an Invoice, Demographic form and participant survey.

How Do I Schedule an Appointment?

Choose a provider from the approved provider list. You may make an appointment by telling the provider that you are part of the Ticket to Hope Program.

Can I Switch Providers? Yes.

What Should I Take to My Appointment?

- Take the Authorization, Invoice and Demographic forms to the provider who will complete and send them to the Iowa Concern Hotline.
- Please fill out a participant survey after each visit and send the completed form, in the return envelope, to the Hotline at the following address: Iowa Concern Hotline, ISU Extension, C/O Tammy Jacobs, 10861 Douglas Avenue, Ste. B, Urbandale, IA 50322.

How Many Authorization Forms Can I Receive? Eight (8).

What if My Authorization Form Expires?

Please contact the Iowa Concern Hotline for a new form.

Call Iowa Concern Hotline at 800-447-1985.

Confidential assistance available 24 hours a day. More information available at www.tickettohope.org







Welcome

Public Health. This is the inaugural year for this new conference name which combines the former Iowa Public Health Conference and Governor's Barnraising Conference. In the past, both of these conferences have connected many individuals with the opportunity to hear and participate in presentations from nationally known speakers and celebrate many of our Iowa successes. The planning committee has worked diligently to bring together the best of both conferences and present this conference to you. Our conference name may be new but we are still committed to meeting the needs of many individuals and organizations who provide environmental and public health services to the residents of Iowa. We hope this conference will provide the professional information you seek as well as exceed the degree of excellence you deserve and expect.

The past year has been an interesting journey for Public Health. Response to the H1N1 Novel Influenza has kept us in the news, but there have been many other accomplishments as we maintain the expectations of providing a healthy environment. The economy continues to be a challenge and concern for all residents. In an attempt to acknowledge the issues that we currently face and determine how we will navigate future challenges, our conference planning committee has put together a very diverse conference agenda. As you participate in this conference with your public health colleagues, we hope you will celebrate the accomplishments of public health, acknowledge the many local experts that exist within the great state of lowa, and appreciate the privilege to hear from national level speakers.

Thanks for choosing to be a part of this outstanding conference. Your participation is greatly appreciated and your insight for future conferences will be invaluable. As representatives of our planning committee, we are pleased to present the Iowa Governor's Conference on Public Health which is destined to reflect the great strengths of our past and promise of future successes for Iowa.

Conference Co-Chairs
Pam Mollenhauer, IEHA
Kevin Grieme, IPHA

Thank you

to the following organizations for their generous support of the Iowa Governor's Conference on Public Health

Gold Level Sponsors

ActivStyle, Inc.

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Center for Leadership Education in Maternal & Child Public Health, Division of Epidemiology and Community Health, School of Public Health, University of Minnesota

Delta Dental of Iowa Foundation/Iowa FIND Project

University of Iowa College of Public Health

Silver Level Sponsors

Des Moines University
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Iowa Counties Public Health Association
Palmer Chiropractic Clinics
State Hygienic Laboratory at the University of Iowa

Bronze Level Sponsors

MECCA's Problem Gambling Services
University of Iowa Area Health Education Center

Keynote Speakers



Michael McGeehin, PhD, MSPH, is Director of the Division of Environmental Hazards and Health Effects (EHHE) for the National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC). His division includes the National Environmental Public Health Tracking Program, CDC's Asthma Control Program, the Harmful Algal Bloom Surveillance Project, and the Nuclear Weapons Facility Dose-Reconstruction Program.

Dr. McGeehin is CDC's point person for global climate change. He served as co-chair of the health sector on the U.S. National Assessment of Climate Change. He also represents Natural Hazards Research, Council on Environmental Quality (CEQ) Interagency Working Group on Environmental Indicators, National Water Quality Assessment Advisory Council, National Drinking Water Advisory Council, ECOS Environmental Health Forum, and the interagency committee for Environmental Protection Agency's (EPA) report on the environment, among others.



James G. Hodge Jr., JD, LLM, is a Lincoln Professor of Health Law and Ethics, Faculty Fellow, Center for Law, Science & Innovation, Sandra Day O'Connor College of Law, Arizona State University. Professor Hodge, the recipient of the 2006 Henrik L. Blum Award for Excellence in Health Policy from the American Public Health Association, has drafted several public health law reform initiatives, including the Model State Public Health Information Privacy Act, the Model State Emergency Health Powers Act, the Turning Point Model State Public Health Act, and the Uniform Emergency Volunteer Health Practitioners Act. He is a national expert on public health information privacy law and policy, having advised numerous federal, state, and local governments on these issues. Before joining the College of Law faculty in 2009, Professor Hodge was a Professor at the Johns Hopkins Bloomberg School of Public Health, an Adjunct Professor of Law at Georgetown University Law Center, and a Core Faculty member of the Johns Hopkins Berman Institute of Bioethics. He is a Senior Scholar at the Centers for Law and the Public's Health: A Collaborative at Johns Hopkins and Georgetown Universities, President of the Public Health Law Association, and Vice-Chair of the ABA Public Health Interest Group.



Russell Currier, DVM, MPH, graduated from the University of Minnesota, College of Veterinary Medicine in 1967 and received an M.P.H. degree in 1969, also from Minnesota. During the next six years he served as an Epidemic Intelligence Service (EIS) officer and staff epidemiologist with the Centers for Disease Control, with assignments to three state health departments and CDC's Veterinary Pubic Health Office in Atlanta, In 1975 Dr. Currier accepted the position of Public Health Veterinarian with the Iowa Department of Public Health. He continued in this capacity, which was expanded to include environmental epidemiology activities with research and professional interests in rabies control, vector-borne disease, scabies, foodborne illness, health assessment of toxic substances, and farm injury. In 2004, Dr Currier retired from the Iowa Department of Public Health and two years later accepted the position of Executive Vice President, American College of Veterinary Public Health. He recently retired from the College and happily resides in Clive, Iowa, with his wife Susan. Dr. Currier has authored or co-authored over 30 scientific papers.

The Iowa Governor's Conference on Public Health is a NEW, combined conference created from the Iowa Public Health Conference held annually in the spring and the Barn Raising Conference held every other year in the summer. The following ten organizations work together to plan and implement the Iowa Governor's Conference on Public Health:

Child Health Specialty Clinics

Child Health Specialty Clinics (CHSC) is a public health program that serves children (ages 0-21) with special health care needs and their families. CHSC works to assure direct clinical services when there is a need that the community has not been able to fill.



CHSC has special expertise in chronic illness, including health-related behavioral, learning, and emotional disorders. CHSC helps families find and organize other local services that their children may need. Examples include early intervention, home care, family-to-family support, insurance coverage, child care, and school health. CHSC staff also spend

significant time in interagency collaborative planning activities and other core public health functions to improve the system of services for children with special needs and their families. Visit www.uihealthcare.com/depts/chsc for more information

Iowa Counties Public Health Association

The Iowa Counties Public Health Association is a state organization representing local public health agencies working to assure the health of people and communities through an effective local public health system. The goals of the Iowa Counties Public Health Association are to promote and enhance local public health practice and policy in Iowa; strengthen and foster local public health agencies in Iowa; take an active role in the state and local legislative process; improve the communication and cooperation among local public

health agencies; define and disseminate information on public health issues; and provide leadership on matters of public health importance.

Iowa Department of Public Health

Bureau of Family Health



Bureau of Jamiby Health

The Bureau of Family Health (BFH) uses core public health functions to fulfill its responsibility for infrastructure building, population-based services, enabling services, and direct care services to promote the health of women and children. The bureau is primarily responsible for system development, monitoring standards of care, and coordinating health-related services between and among community-based entities serving

Iowa families.

Bureau of Health Care Access

The Bureau of Health Care Access advocates for quality health care delivery systems for all Iowans and provides information, referrals, education, grant opportunities, technical assistance, and planning for Iowa communities. The bureau is designated as the state entity for addressing rural health and primary care issues in Iowa and works to improve access to health care for vulnerable populations. The bureau houses the Center for Rural Health and Primary Care. The Center for Health Workforce Planning was created in 2002, fueled by the efforts of Senator Tom Harkin, to build and sustain a competent, diverse health workforce in Iowa.

Oral Health Bureau

The Oral Health Bureau promotes and advances health behaviors to reduce the risk of oral



diseases and improve the oral heath status of all Iowans. Infrastructure building, population-based, enabling, and direct health service programs are in place targeting pregnant women, children, and the elderly for the prevention, early identification, referral, and treatment of oral disease. These programs have been implemented in schools, maternal and child health agencies, and other community-based settings.

Bureau of Nutrition and Health Promotion

The Bureau of Nutrition and Health Promotion helps families and communities promote



healthful living and reduce the amount and/or severity of chronic diseases. The bureau provides public awareness messages on individual behavior, policies, environmental efforts, and other health issues including women's health, children's health and breastfeeding. The bureau seeks to improve the health of Iowans by planning, promoting, and providing quality public health efforts focused on nutrition, physical activity, and prevention services statewide. The Bureau of Nutrition and Health Promotion administers the

Special Supplemental Nutrition Program for Women, Infants and Children (commonly known as WIC), Food Assistance Nutrition Education, the CDC Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases, and the Fruits and Veggies More Matters program in Iowa.

Division of Behavioral Health

The Division of Behavioral Health promotes and protects the health of Iowans through its:

- Bureau of Administration, Regulation and Licensure (problem gambling and substance abuse treatment programs)
- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse Prevention and Treatment
- Office of Disability and Injury Prevention (brain injury services, disability-related access education, domestic and sexual violence prevention, and youth suicide prevention)
- Office of Problem Gambling Treatment
- Anatomical gift program
- Dependent adult abuse curriculum

Iowa Environmental Health Association

The Iowa Environmental Health Association (IEHA) membership represents primarily local and state environmental health officials who provide programs such as water quality, onsite wastewater, I-DNR Grants-To-County program, food safety, and nuisance conditions, to name a few. IEHA strives to develop its members through increasing skills, education,



efficiency, and professionalism by way of offering spring and fall conferences, coordinating professional development opportunities with other professional associations and agencies, influencing legislation, and publishing a quarterly newsletter. Visit www.ieha.net for more information.

Iowa Public Health Association

Since 1925, the Iowa Public Health Association has provided a forum for public health professionals to network, share information and speak collectively for Iowa's public health. IPHA is an affiliate of the American Public Health Association. IPHA's membership is



statewide and comprised of individuals from a broad array of disciplines and across the professional continuum (preprofessionals, leaders and experts in the field). A shared vision and mission unite the members of IPHA. **Our Vision:** Meeting the health needs of all Iowans through a recognized, valued and well-supported public health system. **Our Mission:** Mobilize a diverse membership to advocate and lead for public health. Visit <u>www.iowapha.org</u> for more

information.

University of Iowa College of Public Health

The University of Iowa College of Public Health is quided by its vision: "To serve Iowa and the Midwest



as one of the nation's premier state-assisted schools of public health and lead the global community in rural public health education and training, research, and practice." The college includes the Departments of Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy, and Occupational and Environmental Health. There are also opportunities for distance learning and certificate programs in public health. More than 25 centers and

institutes based in the college provide focused research on critical public health topics and deliver outreach, service, and policy activities. The college is accredited by the Council on Education for Public Health (CEPH). For additional information, please visit the College of Public Health website at www.public-health.uiowa.edu.

State Hygienic Laboratory at the University of Iowa

Since 1904, the State Hygienic Laboratory at the University of Iowa has been at the forefront of Iowa public health issues as the state's public health and environmental



laboratory. In its early years, the State Laboratory tested for typhoid, diphtheria, rabies and tuberculosis. Today, the Laboratory also quickly responds to other public health threats, such as mumps, whopping cough, Salmonella and global threats such as HIV, bioterrorism and chemical terrorism response and readiness. The Laboratory conducts testing of

drinking water and works with the Iowa Department of Natural Resources to provide realtime air quality monitoring and monitoring of Iowa's rivers and lakes. The Laboratory provides potentially life-saving newborn screening for every child born in Iowa, North Dakota and South Dakota.

Kevin Grieme, Iowa Public Health Association Association

Pam Mollenhauer, Iowa Environmental Health

Diane Anderson & Doreen Chamberlin, IDPH Bureau of Health Care Access

Douglas Beardsley & Alana Poage, Iowa Counties Public Health Association

Andrew Connet & Jane Borst, IDPH Bureau of Family Health

Dawn Gentsch & Christopher Atchison, The University of Iowa College of Public Health

Julie Hibben & DeAnn Decker, IDPH Division of Behavioral Health

Dawn Jackson, State Hygienic Laboratory at the University of Iowa

Barb Khal, Child Health Specialty Clinics Louise Lex, Iowa Department of Public Health Heather Miller, IDPH Oral Health Bureau

Susan Pohl & Christine Hradek, IDPH Bureau of Nutrition & Health Promotion

Conference Information

Who Should Attend

The intended audience for the Iowa Governor's Conference on Public Health includes public health administrators, environmental health specialists, nurses, dietitians, family and consumer science specialists, social workers, pediatricians, Boards of Health, Boards of Supervisors, family physicians, dentists, dental hygienists, health educators, statisticians, epidemiologists, laboratory scientists, mental health professionals, veterinarians, substance abuse counselors, parents and others interested in assuring the health of individuals, families and communities. Students in public health, health education/promotion, or other allied health sciences are also welcome.

SCHOLARSHIP OPPORTUNITY

The Iowa Governor's Conference on Public Health Planning Committee is offering a limited number of scholarships to attend the 2010 conference! First-time conference attendees with a financial need are eligible and encouraged to apply. Applications can be found at www.iowapha.org or by emailing Sara Patkin at mspatkin@yahoo.com. Scholarships for professionals and students will be awarded on a first-come, first-served basis until funds are depleted.

CONTINUING EDUCATION CREDIT

Continuing education credits will be available to licensed dietitians through the Iowa Board of Dietetic Examiners. Application has also been made for approval of CPEs from the Commission on Dietetic Registration. Applications for credit approval are being submitted for nursing, dental, veterinarian, NEHA and substance abuse counselors. Application has been made to the National Commission for Health Education Credentialing (NCHEC) for CHES Category I continuing education contact hours (CECH) by the Iowa Society for Public Health Education Chapter. Pharmacists interested in receiving CE credit should contact the Iowa Board of Pharmacy prior to the conference at 515-281-5944. Please note that NAPNAP credits will not be offered this year.

EXHIBITORS. Sponsors and Advertisers

You are invited to participate in the conference as an exhibitor, sponsor, or advertiser. Information and registration forms can be found at www.ieha.net or <a href="https://w

ICPHA DINNER

The Iowa Counties Public Health Association will hold a dinner and meeting at 6:00 p.m. on Monday, April 12 in room 179 at the Scheman Building. Questions and reservations should be directed to Graham Dameron at gdameron@mail.public-health.uiowa.edu.

COME JOIN US IN THE NEW PREPARE IOWA LEARNING MANAGEMENT SYSTEM KIOSK!

This new all-day format allows you to drop by anytime that is convenient, and stay as long as you like. Get your questions answered, retrieve Login information, test new features, preview new online courses, learn about how to better manage your employees, print reports, find out what's on our roadmap, or just stop by to chat.

Ouestions

For more information about the conference, contact Sara Patkin at mspatkin@yahoo.com or 515-963-8664.

Conference Information

85TH Anniversary of Iowa Public Health Association and **2010** Awards Building Upon A Rich History, Investing in a Vibrant Future

Join the Iowa Public Health Association (IPHA) for our 85th Anniversary celebration on Tuesday, April 13 starting at 5:30 p.m. at the Reiman Gardens in the Iowa State Center. The IPHA 2010 Awards will be presented as part of an evening with time for networking, amazing local Iowa food and beverages as well as entertainment. Special invited guests include: APHA President, Carmen Nevarez, MD, MPH; Miss. Iowa, Anne Michael Langguth; and all IPHA 2010 Award recipients. Let's celebrate public health's accomplishments over the past 85 years and begin to invest in the future of the Iowa Public Health Association. You may register for this event on your conference registration or through the IPHA website - www.iowapha.org.

REFUNDS

The registration fee (minus a \$15 administrative charge) is refundable for cancellations received in writing by Monday, April 5, 2010. No refunds will be allowed after that date. Registration is transferrable to another person. To cancel or transfer a registration, you must send written notice to Sara Patkin by email at mspatkin@yahoo.com or mail at 514 NE 39th Ct., Ankeny, IA 50021.

ATTENTION STUDENTS

Students in public health related fields are encouraged to attend the Iowa Governor's Conference on Public Health. It is an excellent professional learning and networking opportunity. In an effort to assist students with career networking, a special luncheon has been scheduled for April 13 (the first day of the conference). Students who attend the conference won't want to miss this opportunity to connect with public health professionals.

LOCATION & HOTELS

The Scheman Building is located in the ISU Center on the campus of Iowa State University, Ames, Iowa. Specific driving directions can be obtained at www.center.iastate.edu.

Blocks of rooms have been reserved at several Ames hotels for the nights of April 12 & 13, 2010. Individuals are responsible for making and paying for their own reservations by contacting the hotel directly. Be sure to indicate that you are attending the Iowa Governor's Conference on Public Health to receive the special conference rate. Most conference rates are based on single occupancy. Additional charges may apply for two or more people in a room. Rooms will be held until March 19 at the following hotels:

<u>Hotel</u>	<u>Phone #</u>	<u>Rate</u>
Best Western University Park	515-296-2500	\$69.00*
Comfort Inn	515-232-0689	\$60.00
Gateway Hotel	515-268-2203	\$89.00
Grandstay	515-232-8363	\$70.00
Econolodge	515-233-6060	\$68.00*
Microtel	515-233-4444	\$52.00*
Super 8	515-232-6510	\$62.99*

^{*}Accepts state rates for those who can provide valid identification upon check-in.

Tuesday, April 13

7:30 A.M. REGISTRATION & CONTINENTAL BREAKFAST

8:30-9:30 WELCOME & CELEBRATION OF PUBLIC HEALTH

Kevin Grieme & Pam Mollenhauer, Conference Co-Chairs

The Honorable Chet Culver, Governor of Iowa

Tom Newton, Director, Iowa Department of Public Health

PLENARY SESSION: CLIMATE CHANGE: PUBLIC HEALTH RESPONSE 9:30-10:30

> Michael McGeehin, PhD, MSPH, Director of the Division of Environmental Hazards and Health Effects for the National Center for Environmental Health at the Centers for Disease

Control and Prevention

10:30-11:00 NETWORKING BREAK

POSTER SESSIONS

CONCURRENT SESSION I 11:00-12:00

1. Working Together in Environmental and Public Health **Emergencies**

Beverly Pennell, MS, MT(ASCP), Emergency Preparedness

Coordinator, State Hygienic Laboratory at the University of Iowa Our recent shared experiences with two emergencies — the Flood of 2008 and the Spring 2009 Novel H1N1 influenza Outbreak — highlighted the importance of environmental and public health laboratory test results. The University Hygienic Laboratory (UHL) is a central partner in most natural disasters and public health emergencies. This presentation shall address the types and extent of interactions UHL had with its partners during the flood and novel H1N1 outbreak.

2. The Community Health Needs Assessment and Health Improvement Plan: What Works and How to Fix What Doesn't Work

Louise Lex, MS, PhD, State Health Planner, Iowa Department of Public Health

Jonn Durbin, MA, CPM, Deputy Bureau Chief, Communications and Planning, Iowa Department of Public Health

Martha Gelhaus, MPA, Bureau Chief, Communications and Planning, Iowa Department of Public Health

The Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) is a report documenting a community-wide effort to assess a community's health needs and how to meet them. The process is embodied in the Iowa Public Health Standards that set forth the key elements of community health assessment and planning. Completion of the CHNA & HIP, due on February 26, 2011, is an expectation of the Local Public Health Services Contract. This session is geared toward local boards of public health members, stakeholders, and local and state health planners interested in discussing progress, sharing learning, and finding resources to assist the planning effort.

3. The HPV Vaccine in Iowa: Where We Stand Today and What Needs to be Done to Increase Vaccination Rates

Natoshia Askelson, Associate Research Scientist, The University of Iowa

Liz Newbury, MA, PhD student, Medical Anthropology, The University of Iowa

Karith Humpal, MEd, HPV Project Coordinator, Family Planning Council of Iowa

This presentation showcases four unique Iowa studies that illustrate the barriers and facilitators to the Human Papillomavirus (HPV) vaccination in Iowa. Based on these findings, recommendations about how to improve the acceptance of the vaccine and increase vaccination rates in Iowa will be discussed.

4. Community Circle of Care, Northeast Iowa's System of Care for Children/Youth with Mental Health and Behavioral Challenges

Vickie Miene, MA, LMHC, Program Manager/Technical Assistance Coordinator, Child Health Specialty Clinics, The University of Iowa Debra Waldron, MD, MPH, Director, Chief Medical Officer, Child Health Specialty Clinics, The University of Iowa Hospital, Department of Pediatrics

The goal of the Community Circle of Care (CCC) is to create an inclusive System of Care (SOC) easily accessed by families by developing local community partnerships with families, service providers, business and civic leaders. Initial outcomes indicate youth served in CCC have increased social connectedness, decreased school absences, and decreased incidents of out of home placement/hospitalization. The CCC Model of Care including using Family Team Meetings, a medical diagnostic assessment, and social service supports, will be described. Further discussion will include how the overall SOC for children (through age 21) with emotional and behavioral challenges is being built to include parent and youth support groups, while remaining culturally competent and self sustaining.

5. Educating and Informing your Local BOH – Tools and Tips

Dawn Gentsch, MPH, CHES, Coordinator of Special Projects, Institute for Public Health Practice, The University of Iowa College of Public Health

Diane K Anderson, MHA, MPH, BSN, Regional Community Health Consultant, Iowa Department of Public Health

Elizabeth Faber, MPH, CHES, Iowa Region 2 Public Health Emergency Preparedness Planner

Those serving on a Local Board of Health (LBOH) need access to public health information. The LBOH Toolkit was released in April 2008 by The University of Iowa College of Public Health Institute for Public Health Practice in partnership with the Iowa Counties Public Health Association and Iowa Department of Public Health. If you are a local board of health or supervisor member or you work with these boards, come learn how the toolkit can be a valuable tool for you. This toolkit focuses on the resources that LBOH members may need during their tenure. Updated and new information will be shared – such as the expanded section for environmental health. The rationale for the need of resources such as the LBOH Toolkit is demonstrated by a final project for the Great Plains Public Health Leadership Institute. For this project, local board of health members in Iowa and Nebraska were interviewed to determine their engagement in public health policy and experiences as a board member. Results from this project show that there is a need for more orientation and training of board of health members on all aspects of public health.

6. "Reverse" Cultural Competency Training: A Model Training Program to Orient Foreign-Born Physicians to Iowa's Health Care System and Patient Culture

Michele Devlin, DrPH, Professor and Director, Iowa Center on Health Disparities, University of Northern Iowa Mark Grey, PhD, Professor and Director, Iowa Center on Immigrant Leadership and Integration. University of Northern Iowa

The United States is currently experiencing a significant shortage of physicians and nurses, particularly in rural states like Iowa. In order to address this shortage, many hospitals are recruiting large numbers of physicians from foreign countries. Health organizations in Iowa have traditionally had a difficult time retaining these foreign-born providers, in part because these newcomers have had little previous exposure to, or understanding of, the Iowa health care system, the mentality of Iowa patients, and the culture of rural America. This sessions discusses a comprehensive assessment of cultural and language barriers affecting these staff members; development of a unique "reverse" cultural competency training program; and a comprehensive orientation program for the doctors to improve their understanding of critical structural and cultural issues affecting Iowa's hospitals and patients.

12:00-1:15 Lunch

Meetings during lunch:

- 1. IEHA Annual Meeting
- 2. IPHA Epidemiology/Laboratory Section Meeting
- 3. IPHA Health Administration Section Meeting
- 4. IPHA Maternal & Child Health Section Meeting
- 5. IPHA Nutrition & Physical Activity Section Meeting
- 6. IASOPHE Chapter/Section Membership Meeting
- 7. Student Career Networking Luncheon

12:30-1:15 POSTER SESSIONS

1:15-2:15 CONCURRENT SESSION II

7. Pick a Better Snack ™: Campaign Success and Implementation **Possibilities**

Christine Hradek, MPH, Community Health Consultant, Iowa Department of Public Health

Melissa Stahl, Nutrition Educator, ISU Extension-Johnson County Pick a better snack™ is a nutrition education and social marketing campaign developed in Iowa and implemented in many communities and settings in our state as well as other states. The goal of Pick a better snack™ is to increase the consumption of fruits and vegetables among low-income, elementary-aged children by increasing how often they eat fruit and vegetable snacks. This presentation will focus on how the program is used in community settings and current evaluation results illustrating the success of the campaign. This presentation will also describe the BASICS program as well as other ways Pick a better snack™ is used in nutrition education around the state. Evaluation of this campaign has become increasingly rigorous over the past few years. Much effort has been put toward development of high-quality measures. Evaluation techniques and tools will be described along with the results of the 2009 evaluation.

8. Poliomyelitis Epidemics in Siouxland: The Impact on the Community and Public Health 1952-1967

Diane L. Smith, MSN, RN, Nursing Instructor, Northwestern College The purpose of this research was to explore Siouxland District Health Department's Collection of 1952-1967 archives and the public health's response to a community inflicted by poliomyelitis epidemics. In 1952, the Sioux City poliomyelitis epidemic was ranked the worst in the United States. Local and state health officials, national and community agencies, the medical society, nursing organizations, hospital authorities, polio foundation representatives, and citizens tried to bring the epidemic under control. Poliomyelitis has gone from being one of the worst scourges of the 20th century to being nearly eradicated in the 21st century. The lessons learned from the poliomyelitis epidemics in Siouxland are vital interests today and may be a reference for some unexpected day.

9. The Counts That Matter: The Methods, Madness, and Lessons Learned in Tracking an Influenza Pandemic

Meg Harris, MPH, CPM. Epidemiologist, Iowa Influenza Surveillance Network Coordinator, Council of State and Territorial Epidemiologists Iowa Department of Public Health

Lucy DesJardin, PhD, Program Manager, Molecular Diagnostics and Research, State Hygienic Laboratory at the University of Iowa

The Iowa Department of Public Health and University Hygienic Laboratory have worked for several years to establish an influenza surveillance program that is flexible and provides real-time data. The department and UHL have worked closely with the Centers for Disease Control and Prevention and county-level health agencies to create a program that will appropriately characterize influenza activity. The foundation of this program evolved throughout the influenza pandemic of 2009, and discovery of what worked and what did not often involved collaboration and trial and error. Public perception and demand for information was unlike that of any recent health event. As the pandemic subsides, it is important to take time to consider how we might conduct surveillance in future events whether routine or significant. The focus of this session will be to review the year of the pandemic, the state's influenza surveillance system, and how the structure of surveillance programs have and will change.

10. Teaching Formal Food Safety Education to the Public

Jennine Wolf, CP-FS, CEHT, Public Health Inspector, Washington County Environmental Department

Major transformations over the last 20 years have brought about changes with food safety which deserve our attention. Technology, manufacturing, and the public's lifestyle have resulted in the emergence of 14 new food borne pathogens. These constant food safety threats have prompted the provision of food inspection service in Washington County to actively search for innovative and diverse ways to teach formal food safety education to the public. Three groups that deserve our attention – daycare providers, non-profit organizations and high school students – play an important role in serving food in our community. Washington County would like to share the many lessons they have learned about working with our community to manage these issues.

11. Disability in Iowa - Health and Social Characteristics of Iowans with Disability: Analysis of the Behavioral Risk Factor Surveillance Survey, 2002-2008

Ousmane Diallo, MD, MPH, Epidemiologist, Iowa Department of Public Health

Binnie LeHew, MSW, Executive Officer, Iowa Department of Public Health

Don Shepherd, PhD, Iowa BRFSS Coordinator, Iowa Department of Public Health

Disability can be referred to as a restriction in ability to perform the major activities of life because of physical, mental, or emotional impairments or conditions. In Iowa, the adult population with disability is generally estimated at 376,000 (18%) according to the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. Presenters will discuss the results of the six year Behavioral Risk Factor Surveillance Survey and how disability status impacts other chronic conditions.

12. Cultivating a LEAN Culture

Bonnie Rubin, CLS, MBA, MHA, Associate Director, State Hygienic Laboratory at the University of Iowa

Lorelei Kurimski, MS, Lean Program Consultant, State Hygienic Laboratory at the University of Iowa

This presentation will focus on why an agency should adopt Lean principles. Lean is a quality management philosophy aligning people and systems at all levels to improve efficiency, eliminate non-value added streams, and create more effective work processes. In this time of economic restraints, organizations need to operate as cost effectively as possible while sustaining current service and enhancing requested services. Participants will learn how to identify system waste and improve their value streams. An overview of Lean concepts will be presented. University Hygienic Laboratory (UHL) will share real-life applications of Lean. Outcomes and performance measures will be discussed. The role of the Lean Champion and the value of Lean training as part of an organization's transformation will also be covered.

13. ACHIEVE Communities Trying to Build Healthier Communities Through Policy and Partnerships

Angela Landeen, MS, CHES, CPH, Executive Director, South Dakota Public Health Association

What does ACHIEVE mean and how can we all strive to achieve better community health through environmental and policy changes? The purpose of Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) through South Dakota, Iowa and other state grantees, is to bring together local leaders and stakeholders to build healthier communities by promoting policy, systems, and environmental change strategies that focus on physical activity, nutrition, tobacco cessation, obesity, diabetes and cardiovascular disease. ACHIEVE is an innovative approach that brings together all sectors of a community to spur policy change toward prevention of chronic diseases. ACHIEVE fosters collaborative partnerships between city and county health officials, city and county government, tribal programs, parks and recreation departments, local YMCAs, local health-related coalitions, and other representatives from the school, business, health, and community sectors.

2:30-3:30 CONCURRENT SESSION III

14. Youth Suicide Prevention: A Community Campaign to Build Resilient Kids

Christoffer Frantsvog, MPA, Public Health Planner, Polk County Health Department

When four current or former Southeast Polk School District students died by suicide within seven months in 2008, the district reached out to their county health department for leadership and guidance. Polk County Health Department provided an essential organizing and coordinating role. County health departments are uniquely equipped to organize a community-based suicide prevention initiative. They regularly engage and leverage a range of community partners and resources in solving problems and protecting people from health hazards. This presentation will show how a county health department can provide the necessary leadership and guidance to a community, and illustrate several other ways for new suicide prevention initiatives to mobilize community support.

15. Rural Rocks! Strategies and Solutions for Health Care Disparity in Rural and Underserved Iowa

Gloria Vermie, RN, MPH, Director, Rural Health, Iowa Department of Public Health

David Fries, BS, Executive Director, Iowa Prescription Drug Corporation

Cheryll Jones, BSN, ARNP, Health Services Coordinator, Ottumwa Regional Center of Child Health Specialty Clinics

Eighty nine of Iowa's 99 counties are rural; within areas of the 10 remaining urbanized counties there are farms, small towns low access roadways and a rural existence. Sixty two percent of residents age 65 and older reside in rural areas. Rural counties fare worse on many measures of health compared to the state average. Rural Iowans experience higher rates of chronic disease and mortality, and lower rates of physician availability. This presentation will focus on current facts, practices, and challenges and will pursue the need for continued vital partnerships to address the question: How can we continue to best ensure health care access for rural and underserved Iowans?

16. The Iowa Healthy Communities Wellness Initiative Program

Catherine Lillehoj, PhD, Research Analyst, Iowa Department of Public Health

In Iowa and across the U.S., the chronic disease epidemic has exploded in the past three decades. The chronic disease prevalence rate is so high that it may reduce the life expectancy of today's generation of children and diminish the overall quality of their lives. Given the prevalence of chronic diseases, it is important to promote healthy behaviors for all Iowans. The

Iowa Healthy Communities Wellness Initiative Grant Program (CWG) provides resources to implement local health improvements through prevention and wellness promotion strategies. Through CWG, communities create partnerships of diverse entities that focus attention and resources on improving the health and quality of life for all citizens. Examples of CWGs in Iowa communities that focus on county-level comprehensive programming health promotion activities will be presented. Each example will identify evidence-based strategies.

17. Healthy Polk 2020: Building a Community-Owned Agenda

Rick Kozin, MA, Program Manager, Health Planning and Education, Polk County Health Department

Every ten years the Polk County Health Department facilitates a community planning process to identify health priorities. Compared to the Healthy Polk 2010 planning process, the process to develop Healthy Polk 2020 was designed to: broaden the level of community input in the planning process, increase community participation in the final choice of priorities and recruit more community partners to "sponsor" the process. The culmination of the process was a "community caucus". This presentation will review: 1. the year-long process to design the planning process, 2. the organization of the planning committee, 3. outreach to organizational sponsors, 4. elements of the media campaign, 5. community conversations, 6. agenda for the community caucus, and 7. the final product: Healthy Polk 2020 plan

18. Dental Therapists and the Minnesota Model

Sheila Riggs, DDS, DMSc, Chair, Department of Primary Care, University of Minnesota School of Dentistry

In 2009, the Minnesota State Legislature enacted a bill that created a new member of the dental team, the Dental Therapist. The legislation determined the level of professional supervision, the scope of practice, the practice settings envisioned, and the educational requirements for this new type of provider. The University of Minnesota School of Dentistry executed a number of steps to create the curriculum, an admissions process, and a budget stream to launch the education of the first class of dental therapists in the fall of 2009. This presentation will provide an indepth look at the legislation, details of the Dental Therapy Program offered by the University of Minnesota, a profile of the first class of students, and real time reflections from the academic leader of the program.

19. Shaken Baby Syndrome Prevention in Iowa

Resmiye Oral, Director, Child Protection Program, Associate Professor of Pediatrics, The University of Iowa, Department of Pediatrics

During this presentation, the presenter will outline the mechanisms, characteristics, and outcome of Shaken Baby Syndrome as well as what prevention programs are being developed across the nation. In this context, discussions regarding the Dias model and "Period of PURPLE Crying" model which has been accepted to be the statewide model for Iowa, will be discussed.

20. A Good Meal Gone Bad

Michael Pentella, PhD, D(ABMM), State Hygienic Laboratory at the University of Iowa

One of the major public health problems that continually presents itself is foodborne illness. The wide variety and number of pathogens, differing incubation periods and numerous potential food sources make these investigations a true challenge. There are also different laboratory methods used depending on the suspected pathogen. Prevention is extremely important since these pathogens are contagious. This presentation is designed as a case study and will examine the investigation of three different foodborne pathogen outbreaks. This presentation will be an interactive session where participants will be able to test their knowledge of gastrointestinal pathogens.

21. Poster Session Roundtables

This fast-paced session offers a more in-depth discussion with some of the poster presenters. Groups will listen to presenters for 10 minutes then switch to another table for the next "round".

3:30-3:45 Networking Break

3:45-4:45 CONCURRENT SESSION IV

22. Iowa Youth Survey: Present and Future

Linda McGinnis, BA, CPS, Substance Abuse Prevention Consultant, Iowa Department of Public Health

Suzy Hedden, BS, Evaluation Coordinator, Iowa Consortium for Substance Abuse Research and Evaluation

This presentation will demonstrate state level trend data and other information from the 2008 Iowa Youth Survey. Attendees will be given a brief history of the Iowa Youth Survey and important changes to the survey for 2010. The trend analysis segment will include information about understanding what the trends indicate as well as how the reports were generated by the Iowa Consortium for Substance Abuse Research and Evaluation.

23. Iowa Healthy Links, Put Life Back in Your Life

Ann Pavkov, RN, Nursing Director, Mills County Public Health Anne Smith, LBSW, Home Care Aide Director, Mills County Public Health

Chronic Disease Self Management Program (CDSMP) is an evidence based program developed by Stanford University. In a 5-year research project, CDSMP was evaluated in a randomized study involving more than 1000 subjects. This study found that people who took the program when compared with people who did not take the program, improved their healthful behaviors, (exercise, cognitive symptom management, coping and communications with physicians), improved their health status (self reported health, fatigue, disability, social/role activities and health distress), and decreased their days in the hospital. With the assistance of an IDPH Community Wellness Grant, Mills County Public Health has implemented CDSMP in their small, rural county. Barriers and success stories will be presented as well as a sample workshop session.

24. Forming a Community Ethics Committee

Jane Sherman, RN, MSN, Executive Director - Community Health, Regional Medical Center

Joann Boyer, RN, MSN, Home Care Nurse, Palmer Homecare

In response to Dr. Quinlisk's September, 2007, charge to all Iowa counties to form a community ethics committee, Delaware County Public Health (DCPH) formed the Delaware County Community Ethics Taskforce in July 2009. This presentation will outline the process used by DCPH to form and educate a community ethics committee in a rural county, the problems encountered, and the advantages of having a community ethics committee in your community during a public health disaster situation.

25. Pandemic Influenza H1N1: a Public Health Laboratory Perspective

Lucy DesJardin, PhD, Program Manager, Molecular Diagnostics and Research, State Hygienic Laboratory at the University of Iowa Sandy Jirsa, Supervisor of Virology and Molecular Biology, State Hygienic Laboratory at the University of Iowa

On June 11, 2009, the World Health Organization (WHO) declared the onset of the first influenza pandemic since 1968. Accurate laboratory diagnostics played a critical role in characterizing case presentation, epidemiology, and distribution of lab-confirmed cases. By July 24, 2009, the WHO and CDC (Centers for Disease Control & Prevention) had determined that the H1N1 virus was actively and widely circulating. The role of public health laboratory testing was shifted from a diagnostic focus to essential surveillance activities. The H1N1 virus currently results

in mild to moderate disease, and a relatively low mortality rate, however, with its widespread circulation, there is the real potential for another genetic recombination event to occur that would lead to a more virulent virus, resistance to Oseltamivir, and genetic drift from the vaccine strain. This session will describe the role of a state public health laboratory in influenza diagnostics and surveillance, will describe the various types of tests used for diagnosis, and current surveillance activities.

26. Empowering Families of CYSHCN – How Will Iowa's Family to Family Health Information Center (F2F HIC) Assist?

Vicki Hunting, BA, Project Coordinator, Family to Family Health Information Center, Child Health Specialty Clinics, University of Iowa

Barbara Khal, MA, Director, Division of Public Health, Child Health Specialty Clinics, University of Iowa

On June 1, 2009, Iowa was awarded a federal grant from Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau (MCHB) to establish a Family to Family Health Information Center (F2F HIC) for the state. The purpose of the F2F HIC is: 1. To develop a comprehensive health information center providing families of Children and Youth with Special Health Care Needs (CYSHCN) with the information they need so they can make the best choices for their child, 2. To help special needs children maintain health by promoting regular medical care, and 3. To help families make the most of the health benefits that are available for special needs children. This session will inform participants about how Iowa will implement the F2F HIC to benefit families.

27. Using the Tools of Continuous Improvement in Public Health (90-minute session)

Gary Nesteby, Executive Director, Iowa Quality Center

This highly interactive experience will introduce attendees to quality tools that are instrumental in the recognition of continuous improvement projects as well as the prioritization process. The session will also introduce the use of an Interrelationship Diagram that will allow a systems perspective of the drivers and outcomes of any project.

28. Advanced Practice Centers: Solutions to Enhance the Capabilities of the Public Health Systems to Prepare for, Respond to, and Recover from Public Health Emergencies (90-minute session)

Beth McGinnis, MPH, Multnomah County Health Department, Portland, OR

Rachel Margolis, MPH, NACCHO, Washington D.C.

The National Association of County and City Health Officials' (NACCHO) Advanced Practice Centers (APCs) Program is a network of eight local health departments (LHDs) geographically situated across the United States. The mission of this network is to advance the field of public health preparedness by developing and promoting cutting-edge tools and resources that can be tailored to fit any community's preparedness planning needs. This session will showcase the range of APC tools available at no cost to local health departments as well as highlight the impact that the program has had on communities nationwide. During this interactive presentation participants will be provided with the unique opportunity to access resources to improve their workforce preparedness; enhance response capabilities and capabilities to chemical, radiological, and biological agents; optimize medical surge capacity; enhance mass fatality management; and strengthen the public health infrastructure.

5:30 85th Anniversary of IPHA and 2010 Awards at Reiman Gardens (buffet dinner, music, awards and more)

Wednesday, April 14

7:15 IPHA PAST PRESIDENTS BREAKFAST

7:30 REGISTRATION & CONTINENTAL BREAKFAST

8:00-9:00 Miss Iowa 2009 Anne Michael Langguth; Creating Pathways

FOR PUBLIC HEALTH WORKFORCE DEVELOPMENT

PLENARY SESSION: REAL-TIME LEGAL RESPONSES TO H1N1 INFLUENZA

AND OTHER PUBLIC HEALTH EMERGENCIES

James G. Hodge Jr., JD, LLM, Lincoln Professor of Health Law and Ethics, Faculty Fellow, Center for Law, Science & Innovation, Sandra Day O'Connor College of Law, Arizona

State University

9:00-9:15 Networking Break

9:15-10:15 CONCURRENT SESSION V

29. Voluntarism in Public Health Emergencies

James G. Hodge Jr., JD, LLM

Building on the lessons from Professor Hodge's plenary session, this concurrent session specifically examines the emergency legal environment concerning the deployment and use of volunteer health practitioners (VHPs) in real-time emergencies. Distinct legal issues confront VHPs and the entities that send or host them during emergencies to meet patient surge capacity. In this session, Professor Hodge will identify and offer legal solutions to multiple legal issues that arise concerning the role of VHPs in emergencies.

30. Getting from What We Know to What We Do through Public Health Research and Practice: Academic-Community Partnerships to Combat Childhood Obesity

Theresa Armstead, PhD, Assistant Professor, Department of Community and Behavioral Health, Assistant Director, Prevention Research Center

Helena Laroche, MD, Assistant Professor, Departments of Internal Medicine and Pediatrics, Co-Investigator, Prevention Research Center

Kate Anderson, Former President, Muskie Boosters, Community Partner

The presentation will cover two community-based participatory projects in Muscatine, Iowa: "Promoting Health and Reducing Obesity in Children: Building National Models for Community-Based Programs" and "Child Obesity Prevention: Improving the Nutritional Environment at School Sporting Events." Each project involved extensive collaboration and data collection. The process, barriers and results of each project will be discussed.

31. We Can Get Through This Together: An Overview of Iowa's Substance Abuse Disaster Relief Project

Julie Hibben, LMSW, CPS, Prevention Consultant, Iowa Department of Public Health

Gloria Scholl, MA, LMFT, Senior Area Contract Manager, Magellan Health Services

Iowa's natural disasters in 2008 greatly impacted many communities. Research shows that disaster-related substance abuse problems may not surface until 6-18 months after the event. This presentation will provide an overview of the disaster relief substance abuse prevention and treatment project implemented through the Iowa Department of Public Health's Division of Behavioral Health. A critical aspect for the success of this funding mechanism was the relationships that were fostered throughout communities in Iowa. The entire networking process will be discussed as providers of services "found" each other and united to get through the effects of this disaster. Effective prevention and treatment services, the project media campaign and statewide resources will also be discussed.

32. By George, We've Done It: Making Quality Improvement Work in Iowa!

Kevin Grieme, Health Planner/Development Coordinator, Siouxland District Health Department

Sheri Bowen, Administrator, Mills County Public Health Lisa Swanson, Public Health Systems Analyst, Black Hawk County Health Department

The implementation of quality improvement activities strengthens the ability of the public health system to promote and protect the health of Iowans. Iowa is one of 16 states to receive funds from the Robert Wood Johnson Foundation (RWJF) to implement quality improvement activities across the state. This session will highlight the work of quality improvement mini-collaboratives in Iowa. During the session, three local mini-collaborative members will share their experiences in forming quality improvement teams and using quality improvement methods to help develop a standardized health snapshot. The overall findings of the quality improvement project will also be shared, along with strategies and resources to make quality improvement in public health work.

33. Community Health Centers: How CHCs Have Raised the Bar in Clinical Outcomes

Kate Burgener, MPH, Program Manager, Iowa/Nebraska Primary Care Association

Becky Simer, RN, BS, CPHQ, Network Performance Improvement Manager, Iowa/Nebraska Primary Care Association

Iowa is home to 13 Federally Qualified Health Centers (FQHCs) and one state funded Community Health Center (CHC). These 14 centers with more than 74 delivery sites provide services to 137,830 unduplicated patients who receive 488,598 visits annually (UDS, 2008). This session will provide an overview of the history of CHC in the US and Iowa, CHC financing mechanisms, CHC cost effectiveness, the role CHCs have in Iowa's "safety net," the demographics and unique challenges of people who receive services at Iowa's CHCs, and the role CHCs will have in future health care reform and health information technology. Emphasis will be placed on federally required data collection at all CHCs including demographics, finances, operations, and clinical outcomes.

34. Targeting Disease Using Environmental Histories

Kathy Leinenkugel, MPA, REHS, Community Health Consultant, Iowa Department of Public Health

Peg Buman, RN, Community Health Consultant, Iowa Department of Public Health

Taking a good environmental history is a critical first step for use in addressing health conditions that may be associated with environmental exposures. However, few health care or public health providers are trained in environmental and occupational history taking. In this session, public health workers will learn the basics of taking an environmental exposure history and why it is an important tool for use during case management, risk assessment, intervention planning, and community health evaluation. Case study examples will be used to guide discussion, demonstrating ways participants can incorporate environmental histories into their own program areas.

35. The Role of Disease-Based Surveillance Systems in Public Health Planning and Practice

Paul A. Romitti, PhD, Associate Professor, Department of Epidemiology, Director, Iowa Registry for Congenital and Inherited Disorders, The University of Iowa College of Public Health

This session will provide an overview of the history of public health surveillance, describe the needed attributes and infrastructure for establishing a surveillance system, describe potential uses of surveillance data, and discuss potential barriers to collection and full utilization of surveillance data applications. Examples from successful, ongoing surveillance systems in Iowa will be highlighted.

36. Poster Roundtables

This fast-paced session offers a more in-depth discussion with some of the poster presenters. Groups will listen to presenters for 10 minutes then switch to another table for the next "round".

10:15-10:30 Networking Break Poster Sessions

10:30-11:30 CONCURRENT SESSION VI

37. Making a Difference with Medicaid Prenatal Care Coordination and Maternal Health Services

Debra Kane, PhD, RN, MCH Epidemiologist, Iowa Department of Public Health-Bureau of Family Health

Stephanie Trusty, RN, Maternal Health Consultant, Iowa Department of Public Health-Bureau of Family Health

Jennifer Thorud, MPH, Graduate Intern, Iowa Department of Public Health-Bureau of Family Health

The goal of prenatal care coordination (PCC) provided through Title V maternal health services is to promote early initiation of prenatal care and healthful behaviors during pregnancy, to identify women at increased risk for adverse birth outcomes, and to improve birth outcomes among Medicaid recipients. The linked file of Medicaid claims data with birth certificate data, and the Women's Health Information System provides a rich source of information that we can use to evaluate services to pregnant Medicaid recipients. In this session, participants will learn how we analyzed these data to examine pregnant Medicaid recipients' use of PCC.

38. Wanted: A Public Health Workforce

Beth Hochstedler, BS, Training & Outreach Coordinator, State Hygienic Laboratory at the University of Iowa Pamela Mollenhauer, BA, Training, Education & Outreach Representative, State Hygienic Laboratory at the University of Iowa

Public health faces a national workforce crisis, with an estimated 250,000 job vacancies by 2020. As public health professionals, what can each of us do to help build the future workforce? This interactive session will give participants examples of strategies for planning, partnering and promoting public health careers. They will experience a new interactive recruitment tool called "Did You See That?" which could be used as a model in attracting and recruiting the future public health workforce. This session will conclude with audience participation, success stories, questions and answers.

39. Health IT - Impact and Opportunity for Public Health

Leslie Grefe, Iowa e-Health Program Manager, Iowa Department of Public Health

Kory Schnoor, Iowa e-Health Program Coordinator, Iowa Department of Public Health

Technology used to support heath-related functions is broadly known as health information technology (health IT). Collecting health data in an electronic health record (EHR) and developing a health information exchange (HIE) to share data among health care providers allows access to real-time health information. The availability of real-time health information helps providers make the best health care decisions, provides consumers with continuity of care regardless of the provider they visit, and enhances population health through use and analysis of the data collected. This session provides an introduction to Iowa's statewide plan for health IT. The session will explain basic health IT terminology, describe the state and national planning approach and progress made to date, and clarify expectations and opportunities for public health as the statewide HIE becomes operational.

40. Reducing Childhood Obesity and Improving Wellness

Linda Snetselaar, RD, PhD, LD, Interim DEO, Community and Behavioral Health, Professor in Epidemiology, Director, Nutrition Center, College of Public Health, The University of Iowa

This presentation provides a description of potential strategies to decrease childhood obesity and increase wellness. Included are a study of children with elevated cholesterol levels and preliminary data from a follow-up of these children now in their twenties. A description of a school focused study will be given, including three-year assessment and implementation phases. Finally a pediatric clinic study report in children between the 85th and 97th BMI percentile will be presented. Ideas for strategies using motivational interviewing will be presented.

41. Taste of Leadership: Shaping the Healthiest State in the Nation

Magda Peck, ScD, Associate Dean for Community Engagement and Public Health Practice, University of Nebraska Medical Center, College of Public Health

Brandon Grimm, MPH, Public Health Practice Coordinator, Great Plains Public Health Leadership Institute, University of Nebraska Medical Center, College of Public Health

Leadership development is a cornerstone strategy for building the future public health workforce in Iowa. Having effective leaders at all levels throughout Iowa's public health system fundamentally fuels the essential engines of change: innovation, partnerships, and accountability. This session will underscore the evidence/research base of public health leadership development, highlight existing best practices for leadership development, and challenge participants to heed the call to leadership. It also models collaborative leadership and invites full participation in leadership development for all, as a primer for future opportunities.

42. Beyond Reducing Reader Burden: Effective Methods for Communicating with Patients with Low Health Literacy and Numeracy

Susan Roberts-Dobie, PhD, CHES, Assistant Professor, University of Northern Iowa

Elana Joram, PhD, Professor, University of Northern Iowa

Health literacy and numeracy are critical for patients/clients to understand health materials. In response to the recognition that a large segment of the U.S. population does not have a proficient level of health literacy and numeracy, guidelines that support the creation of or the editing of written health education materials to reduce reader burden are now well established. So what's next? How can we get even better at delivering health information to all patients/clients, but especially to those who have low health literacy and numeracy? In this presentation, we focus on ways to improve communication with patients/clients by either: 1) enhancing traditional texts by providing support for reader comprehension of both prose and quantitative information; or 2) bypassing traditional written texts, by using other media such as photonovelas, picture guides, diagrams, DVDs, CDs, radio serials, or cartoons.

43. Harmful Algal Blooms: Testing and Surveillance

Peg Buman, RN, BSN, Community Health Consultant, Iowa Department of Public Health

Eric O'Brien, MS, Section Supervisor and Research Biologist, Iowa Department of Natural Resources

Pond scum, or blue green algae, is commonly found in freshwater lakes and reservoirs throughout Iowa and the world. Certain conditions can cause blue green algae to proliferate and produce toxins called cyanobacteria. The cyanobacteria released from these harmful algal blooms can cause illnesses in both people and animals. In 2009, the Iowa Department of Public Health and the Iowa Department of Natural Resources initiated a program to monitor Iowa's recreational waters for the presence of cyanobacterial harmful algal blooms. Iowa's surveillance program also collects information from cases of human and animal exposure to microcystin, the most common toxin associated with cyanobacterial harmful algal blooms. Participants will gain an understanding about the occurrence of toxic algae blooms in Iowa's recreational waters and their impact on human health. Public Health workers will be prepared to assist in reporting potential harmful algal blooms and microcystin poisoning.

11:30-1:00 Lunch

IPHA Annual Meeting

hawk-i Outreach Task Force Meeting

12:15-1:00 Poster Sessions

1:00-2:00 Concurrent Session VII

44. Unnatural Causes: Is Inequality Making us Sick?

Binnie LeHew, MSW, Executive Officer, Iowa Department of Public Health

This session will be a moderated discussion based on the 7-part documentary series with the same title. (The series will be broadcast throughout the first day of the conference to allow conference participants to view one or more of the 30-minute segments in preparation for the workshop. You can visit www.unnaturalcauses.org for more information.) The focus of discussion will be to engage local and state public health partners in examining the issue of the social determinants of health and the impact they have across all public health program areas – maternal and child health, injury prevention, chronic disease, environmental health and others. By also relating the social determinants to the core functions of public health (assessment, policy development, assurance), public health workers will be challenged to identify steps that can be taken in these areas to begin to address these health inequities.

45. Being a Role Model for School Wellness

Carrie Scheidel, MPH, Team Nutrition Co-Director, Iowa Department of Education

Patti Delger, RD, LD, Team Nutrition Co-Director, Iowa Department of Education

Jennifer Neal, Healthy Kids Act Co-Director, Iowa Department of Education

Adults by their actions serve as role models to students often without realizing it. School personnel, parents, and other adults that students come in contact with are powerful role models when it comes to nutrition and physical activity. Students joining adults in action will support the district's wellness environment. The Healthy Kids Act creates an opportunity for adults to be a role model for school wellness. Resources will be shared for participants to communicate with school staff and parents in their district about role modeling and the Healthy Kids Act.

46. Preparing Your Community to Support Military Families

Chris Gleason, MPA, CHES, Iowa State University Extension 4-H Program Specialist/Operation, Military Kids Project Director, Iowa State University

Tanja Duffey, MS, NCC, LMHC, Joint Family Support Assistance Program (JFSAP), Military Family Life Consultant, Iowa National Guard Joint Forces Headquarters

Over 10,000 Iowa children with a parent or step-parent serving in the military have been affected by deployment. Many more are affected by the deployment of caring adults in their lives. Stress associated with multiple deployments has seriously affected the psychosocial health of children and their families. Military families in Iowa are geographically dispersed and do not have the support resources typically found at military installations. These families need the help of community based support networks to serve them where they live. Health professionals, school professionals, and community organizations are key to developing these community based support networks. Learn how deployment affects Military Families in your communities, how to connect to agencies that support Military Families, and where to find free resources and training to support military kids and families

47. Geographic Information Systems - Public Health Applications

Lisa Swanson, BA, Public Health Systems Analyst, Black Hawk County Health Department

The presentation will consist of several examples of how geographic information systems can be used in public health applications on the local and state level. We will cover a variety of agency projects to give a general overview of the value that spatial technology brings to the field of public health.

48. Preparation for Accreditation - What Should I be Doing?

Joy Harris, MPH, Modernization Coordinator, Iowa Department of Public Health

Hear about the most recent information on Iowa's voluntary accreditation system and the national voluntary accreditation system and participate in a discussion of what it means to be accredited and benefits of accreditation. Learn about activities to assess readiness for accreditation or to implement quality improvement practices into gaps that have been previously identified. The presenter will give examples of work that has taken place in Iowa, and in other states.

49. Advocacy in the Iowa Public Health Association; How it Works, How You Can Help!

Pam Diechman, RN, MPH, Bureau Chief, Iowa Department of Public Health

Sally Clausen, ARNP, BSN, Community Health Consultant, Iowa Department of Public Health

Each year during the Congressional summer recess, the Iowa Public Health Association meets with Iowa's five Congressmen and two Senators. In the late summer state legislative policy concerns and funding requests are solidified for the upcoming legislative session. Come learn how the conversation points are developed for the Congressional visits; and exactly how the State Public Health priorities are being determined. In addition, two success stories from IPHA members who were able to influence their elected officials will be shared. This session will conclude with best communication practices for you as a public health advocate.

2:00-2:15 Networking Break

2:15-3:15 PLENARY SESSION: Personal Strategic Planning: A Paradigm

SHIFT TO IMPROVE EFFECTIVENESS

Russ Currier, DVM, MPH

3:15 Closing/Adjourn

2010 Iowa Governor's Conference on Public Health Registration

Register Online at <u>www.iowapha.org</u> then click on EVENTS

REGISTRATION DEADLINE: MONDAY, APRIL 5

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Iowa Training Project for Child Care Nurse Consultants Training 2010

Spring 2010



March 29 – June 10, 2010

Sponsors:

Healthy Child Care Iowa (HCCI) through the Iowa Department of Public Health and the Iowa Department of Human Services.

Winter 2010:

The Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) consists of structured distance learning followed by 4 days of onsite training.

Faculty and Planning Team:

Candace Chihak, RN; Sally Clausen, ARNP, BSN; Karen Doughan, RN, BS;; Analisa Pearson, RN, BSN; Marsha Platt, RN, BSN; Cathy Renz, RN MEd; and Kim Schroeder, RN; BSN.

Target Audience:

Iowa registered nurses (RN) working with early childhood care and education providers through the Title V Maternal and Child Health (MCH) Agencies; public health and Community Empowerment Areas in cooperation with the MCH Agencies; Head Start or Early Head Start; and local school districts.

Background of Child Care Nurse Consultants and Statement of Purpose:

Child care nurse consultants (CCNC) are RNs who provide on-site consultation, training, and technical assistance to early childhood care and education providers. The ITPCCNC is the required initial didactic training program for CCNCs and the purpose of the course is to expand the RN's knowledge and skills to work with early childhood care and education providers.

Educational Objectives:

Each course module contains learning objectives specific to the module topic. Overall course objectives are below.

Registered Nurses will be able to:

- Identify the components for best practices in health and safety in early childhood care and education environments and programs
- Assess the quality of health and safety policy and practices in early childhood care and education
- Consult with early childhood care and education providers to improve health and safety in their businesses
- Identify community partners and resources to assist in improving the quality in early childhood care and education
- Identify the role of public health principles and practices in child care

Training Topics:

Introduction to Early Childhood Care and Education in Iowa Building Curriculum Development & Training Skills Building Consultations Skills Child Development

(continued on next page)

Training Topics (continued)

Nutrition and Physical Activity in Early Childhood Care Injury Prevention in Early Childhood Care and Education Environmental Health in Early Childhood Care and Education Infectious Disease in Early Childhood Care and Education Quality in Child Care

Mental Health in Early Childhood Care and Education Care for Children who are Mildly Ill and Temporarily Disabled Caring for Children with Special Needs Oral Health in Early Childhood Care and Education Health and Safety of Early Childhood Care and Education Staff

NOTE TO PARTICIPANTS AND THEIR EMPLOYERS:

- 1. Electronic Communication: The course relies heavily on electronic communication using email and retrieval of documents from the internet. The participant's employer shall assure each participant has an individual computer with business-related email address where the course coordinator may send correspondence and the computer skills necessary to complete the course. Participants will need to be able to access the internet to successfully participate in and complete the course.
- 2. Course Reading and Written Assignment Expectations: Participants receive most of the course materials through electronic communication. Participants will study various topics weekly, with written assignments, and required activities including online discussions, onsite practicum, and conference calls throughout. Participants are expected to fully participate in all activities and complete all designated assignments thoroughly and on time to successfully complete the course. A minimum of 10-15 hours of work time per week will be required to complete the 9 weeks of distance learning.

The course will conclude with 4 days of onsite training in the Des Moines area.

Nursing CEUs: The Iowa Department of Human Services is an Iowa Board of Nursing approved provider, Number 94. CEUs are being applied for, and # CEUs will be awarded to individuals successfully completing the course, partial credit will not be awarded.

Application Process: Interested applicants must complete an online application and email a current resume or curriculum vitae to apear-son@idph.state.ia.us apply. Online Application. Applications will be accepted through March 10, 2010. Applicants are notified by email regarding acceptance. Applicants and the applicant's employer may need to complete an interview with course coordinator and/or faculty prior to acceptance. Approved applicants receive an enrollment agreement to complete and return to Healthy Child Care Iowa. The applicant, the applicants' employer and the Title V Child Health Director must sign the enrollment agreement and return to the HCCI state office prior to training. For questions regarding application completion or enrollment, contact Analisa Pearson.

Registration Fee: The registration fee is \$200 to cover course logistics, speakers, and materials. Fee is due no later than **March 29, 2010**. Checks made out to the Iowa Department of Public Health may by mailed to the attention of **Healthy Child Care Iowa**. IDPH has a limited number of scholarships available, contact Analisa Pearson for more details if the cost of the training is prohibitive.

Refund Policy: No refund of the registration fee will be given after the course has begun.

Cancellation Policy: Participants will be informed if the course is cancelled for any reason, including low enrollment.

Course Coordinator Contact Information:

Please contact the course coordinator, Analisa Pearson, RN, BSN, with your questions. Iowa Department of Public Health, 321 East 12th Street, Lucas Building, Des Moines, Iowa 50319-0075. Tel: 515-281-7519 or 800-383-3826. Fax: 515-242-6013 Email: apear-

son@idph.state.ia.us